3
India in Comparative Perspective

'The first thing I ever learned about India,' Anand Giridharadas notes in his excellent book *India Calling*, 'was that my parents had chosen to leave it.' 'My parents had left India in the 1970s, when the West seemed paved with possibility and India seemed payed with potholes. And now, a quarter century after my father first arrived as a student in America, I was flying east to make a new beginning in the land they had left.'[1] That perspective of a rapidly changing India, re-establishing itself on the world stage, is both engaging and exciting. It is not only that the ancient – and dilapidated – land, traditionally short of opportunities for young men and women, is humming with new and exciting things to do in business and professional lives, but also that the country is full of new energy in the creative fields of literature, music, films, science, engineering, and other areas of intellectual and artistic pursuits. India is certainly calling, with much to offer.

Life can indeed be exciting in the rapidly reshaping India, and the picture of a new and dramatically changed India is both accurate and important. And yet, as was discussed in the earlier chapters, the majority of Indian people have been left behind in the enhancement of living standards. Many of the new freedoms and fresh opportunities can be enjoyed only by a minority of Indians – a very large number of people but still only a minority. In comparing India with the rest of the world to see how India is doing, the results depend greatly on which sections of the Indian population we look at.

Comparisons of India with other countries are often made for the purpose of checking where the country fits in the international 'league'. The focus, quite often, is on India's 'rank' (for example, in terms of GDP per capita). That is not a bad way to proceed, and the

Indian obsession with the rank of the country in the world league can be a useful way to start. But much depends on the variable chosen for the ranking. As should be clear from the hype around the growth rate of GDP or GNP per head, this is one league in which India is doing rather well. That high-achievement story, however, conflicts somewhat with India's mediocre performance in the progress of quality of life, as reflected in the standard social indicators.

The minority of people in India who have been prospering well enough is large in absolute numbers. Even though estimates of the size of this minority vary, they certainly far exceed 100 million or so – making them a larger group than the population of most countries in the world. And yet in the statistics involving the total Indian population of more than 1.2 billion, the fortunate group is still too small to swing the average figures for the Indian population as a whole in terms of most social indicators. In what follows we shall compare the Indian average with the averages of other countries, but we must bear in mind the fact that even the low averages reflected in the Indian numbers exaggerate what the Indians not in the privileged group actually enjoy. This would apply to other countries too, but it is particularly relevant for India, given the enormity of class, caste and gender inequalities in Indian society – we shall return to this issue in Chapters 8 and 9.

COMPARISONS WITH THE NON-AFRICAN POOR

In a previous book, we noted that human deprivation was heavily concentrated in two regions of the world: South Asia and sub-Saharan Africa.[2] That has been true for many decades now, and it is still largely true today. For instance, most of the countries with a low 'human development index' are in South Asia or sub-Saharan Africa. Cambodia, Haiti, Papua New Guinea and Yemen are among the few exceptions of countries with high levels of extreme poverty in other global regions.

Even though South Asia and sub-Saharan Africa share problems of high incidences of poverty, they are not, of course, similarly placed in

every respect. Living conditions are now, in many ways, considerably better in South Asia (including India) than in sub-Saharan Africa, partly reflecting a faster rate of improvement during the last twenty years or so. For instance, per capita income is now about 50 per cent higher in South Asia than in sub-Saharan Africa, unlike in 1990, when it was much the same in the two regions. More importantly, life expectancy is estimated to be about ten years longer in South Asia than in sub-Saharan Africa, and child mortality is almost twice as high in sub-Saharan Africa compared with South Asia.*

It is worth noting, however, that the advantage of South Asia over sub-Saharan Africa in living standards is by no means uniform: indeed some social indicators are not much better – if at all – in South Asia than in sub-Saharan Africa. For instance, female literacy rates are still much the same in both regions, not only among adult women (50 per cent and 55 per cent respectively) but also in the younger age groups (e.g. 72 per cent and 67 per cent, respectively, in the age group of 15–24 years).[3] Despite some progress in recent years, both regions continue to share a severe problem of mass illiteracy and lack of school education, especially among women, which sets them apart from all other major regions of the world. Further, in at least one field – that of nutrition and especially child nutrition – South Asia fares distinctly worse than sub-Saharan Africa. More than 40 per cent of South Asian children (and a slightly *higher* proportion of Indian children) are underweight in terms of standard WHO norms, compared with 25 per cent in sub-Saharan Africa (the corresponding figure, incidentally, is less than 12 per cent in every other region of the world).[4]

Leaving sub-Saharan Africa aside, India is not well placed at all in international comparisons of living standards. Contrary to the increasingly used rhetoric which suggests that India is well on its way to becoming an economic 'superpower', this is far from the real picture, even in terms of per capita income. In fact, despite rapid economic

* The figures cited in this section are taken from the World Bank's *World Development Indicators* (online, 1 January 2013). This is also the main source used throughout the book for purposes of international comparisons of development indicators. For India, we are using the WDI for international comparisons, and the latest figures available from national statistical sources otherwise. For further discussion, see the Statistical Appendix.

expansion in recent years, India remains one of the poorest countries among those outside sub-Saharan Africa. According to the World Bank, only 15 countries outside sub-Saharan Africa had a 'gross national income per capita' lower than India's in 2011: Afghanistan, Bangladesh, Burma, Cambodia, Haiti, Kyrgyzstan, Laos, Moldova, Nepal, Pakistan, Papua New Guinea, Tajikistan, Uzbekistan, Vietnam and Yemen. India does indeed have a large gap in world living standards to overcome, as was discussed in the last chapter. What is disturbing, given the past, is not India's comparatively low position in terms of income per head among the countries in the world outside sub-Saharan Africa, but how badly India does in terms of *non-income* features of living standards even within this group of poorest non-African countries, as can be readily seen in Table 3.1.

India has, by the choice of our cut-off point, the highest GDP per capita in this particular group, with the rank of being number 1 among these sixteen countries. Aside from GDP per capita, as the last column indicates, India's rank among these 16 poor countries is 10th or worse in most cases. Not only are India's figures worse than the average for the other 15 countries for all social indicators presented here (except for the total fertility rate and male literacy rate), its rank in this group is an inglorious 10th for child mortality, 11th for female literacy and mean years of schooling, 13th for access to improved sanitation and DPT immunization, and absolutely the worst (along with Yemen) in terms of the proportion of underweight children.*

We argued in the last chapter that the common characterization of India's current economic growth rate of around 6 per cent per year as 'dismal' is hard to justify because India's rate of economic growth, though reduced, is still among the fastest in the world (as it would still be, even if the prediction of a 5 per cent growth rate by some agencies proved to be true). But 'dismal' would indeed be a very good adjective to describe the picture of comparative living standards, as Table 3.1 reveals.

Table 3.2 gives the detailed information on which the summary presented in Table 3.1 is based. Some of these comparisons are quite

* Similarly, in terms of the 'multi-dimensional poverty index' (MPI), discussed further in this chapter, India ranks 11th out of 14 countries for which estimates are available in this group (Sabina Alkire, personal communication).

Table 3.1
Selected Indicators for the World's 16 Poorest Countries, Outside Sub-Saharan Africa

	India	Average for other poorest countries[a]	India's rank among 16 poorest countries[b]
GDP per capita, 2011 (PPP, constant 2005 international $)	3,203	2,112	1
Life expectancy at birth, 2011 (years)	65	67	9
Infant mortality rate, 2011 (per 1,000 live births)	47	45	10
Under-5 mortality rate, 2011 (per 1,000 live births)	61	56	10
Total fertility rate, 2011 (children per woman)	2.6	2.9	7
Access to improved sanitation, 2010 (%)	34	57	13
Mean years of schooling, age 25+, 2011	4.4	5.0	11
Literacy rate, age 15–24 years, 2010 (%)			
Female	74[c]	79	11
Male	88[c]	85	9
Proportion of children below five years who are undernourished, 2006–10[d] (%)			
Underweight	43	30	15
Stunted	48	41	13
Child immunization rates, 2011 (%)			
DPT	72	88	13
Measles	74	87	11

[a] Population-weighted average of country-specific indicators. In two cases of missing data for a particular country (e.g. literacy rates for Afghanistan), the average was taken over the remaining countries.

[b] Based on ranking from 'best' to 'worst'. In case of 'ties', India was ranked first.

[c] 2006.

[d] Latest year for which data are available within 2006–10.

Sources: See Table 3.2. This table focuses on 16 countries with per capita GDP lower than or equal to India's, outside sub-Saharan Africa. These are: Afghanistan, Bangladesh, Burma, Cambodia, Haiti, India, Kyrgyzstan, Laos, Moldova, Nepal, Pakistan, Papua New Guinea, Tajikistan, Uzbekistan, Vietnam and Yemen.

instructive. For instance, Vietnam fares enormously better than India in terms of all these indicators, in spite of being poorer than India. So, incidentally, does Nicaragua, with virtually the same per capita GDP as India (just a little higher, so that Nicaragua is not included in Table 3.2). Uzbekistan, too, is far ahead of India in many respects, with, for instance, universal literacy in the younger age groups, universal access to improved sanitation, and (nearly) universal immunization of children – all goals that are nowhere near being achieved in India. Another striking contrast is between India and Nepal, which has much the same social indicators as India, with barely *one third* of India's per capita income (the last makes Nepal one of the very poorest countries outside Africa, along with Afghanistan and Haiti).

It could be argued that one would expect India not to fare as well, in many ways, as other countries at a similar level of per capita income, because India is growing quite fast and it takes time for higher per capita incomes to translate into better social indicators. In a country growing at 7 per cent per year in per capita terms, per capita income would double in ten years, but it could quite possibly take longer, even with significant efforts, to bring social indicators level with those of countries that were once twice as rich. That is a point worth noting, and is itself a good reason not to rely on income growth alone to bring about a transformation of living conditions (which is one of the main points we are trying to make). The basic concern remains that, for whatever reasons, India is not doing well at all in many respects even in comparison with some of the poorest countries in the world. This is not to disparage India's achievements, but to put them in perspective, and to focus on the deficiencies that plague India most and which have to be overcome.

INDIA'S DECLINE IN SOUTH ASIA

One indication that there is something defective in India's 'path to development' arises from the fact that India is falling behind every other South Asian country (with the exception of Pakistan) in terms of many social indicators, even as it is doing spectacularly better than

Detailed information of Table 3.1

Table 3.2: Poorest Countries, Outside Sub-Saharan Africa (Part 1)

	India	Vietnam	Moldova	Uzbekistan	Laos
GDP per capita (PPP), 2011	3,203	3,013	2,975	2,903	2,464
Life expectancy at birth, 2011	65 Lowest	75[d]	69	68[d]	67
Infant mortality rate, 2011	47 L	17	14	42	34
Under-5 mortality rate, 2011	61 L	22	16	49	42
Total fertility rate, 2011	2.6	1.8[d]	1.5	2.5[d]	2.7
Access to improved sanitation, 2010 (%)	34	76	85	100	63
Mean years of schooling, age 25+, 2011	4.4	5.5	9.7	10	4.6
Literacy rate, age 15–24, 2010 (%)					
Female	74[a]	96	100	100	79[b]
Male	88[a]	97	99	100	89[b]
Undernourishment among children below 5, 2006–10[c]					
Underweight	43 L	20	n/a	4	31
Stunted	48 L	31	n/a	19	48
Child immunization rates, 2011 (%)					
DPT	72 L	95	93	99	78
Measles	74	96	91	99	69

Table 3.2: Poorest Countries, Outside Sub-Saharan Africa (Part 2)

	Pakistan	Papua NG	Kyrgyzstan	Cambodia	Yemen	Tajikistan
GDP per capita (PPP), 2011	2,424	2,363	2,119	2,083	2,060	2,052
Life expectancy at birth, 2011	65[d]	63	69[d]	63	65	68
Infant mortality rate, 2011	59	45	27	36	57	53
Under-5 mortality rate, 2011	72	58	31	43	77	63
Total fertility rate, 2011	3.4[d]	3.9	2.9[d]	2.5	5.1	3.2
Access to improved sanitation, 2010 (%)	48	45	93	31	53	94
Mean years of schooling, age 25+, 2011	4.9	3.9	9.3	5.8	2.5	9.8
Literacy rate, age 15–24, 2010 (%)						
Female	61[c]	72	100[c]	86[c]	74	100
Male	79[c]	65	100[c]	88[c]	96	100
Undernourishment among children below 5, 2006–10[e] (%)						
Underweight	31	18	2	28	43	15
Stunted	42	43	18	40	58	39
Child immunization rates, 2011 (%)						
DPT	80	61	96	94	81	96
Measles	80	60	97	93	71	98

Table 3.2: Poorest Countries, Outside Sub-Saharan Africa (Part 3)

	Burma	Bangladesh	Nepal	Haiti	Afghanistan
GDP per capita (PPP), 2011	n/a	1,569	1,106	1,034	1,006
Life expectancy at birth, 2011	65	69	69	62	48[d]
Infant mortality rate, 2011	48	37	39	53	73
Under-5 mortality rate, 2011	62	46	48	70	101
Total fertility rate, 2011	2.0	2.2	2.7	3.3	6.3
Access to improved sanitation, 2010 (%)	76	56	31	17	37
Mean years of schooling, age 25+, 2011	3.9	4.8	3.2	4.9	3.1
Literacy rate, age 15–24, 2010 (%)					
Female	96	78	78	70[a]	n/a
Male	96	75	88	74[a]	n/a
Undernourishment among children below 5, 2006–10[e] (%)					
Underweight	23	41	39	18	33
Stunted	35	43	49	29	59
Child immunization rates, 2011 (%)					
DPT	99	96	92	59	66
Measles	99	96	88	59	62

[a] 2006.
[b] 2005.
[c] 2009.
[d] 2010.
[e] Latest year for which data are available within 2006–10.

Source: *World Development Indicators* (online, 1 January 2013). Mean years of schooling from *Human Development Report 2013* and child undernutrition data from UNICEF (2012). The countries in the table (other than India) are all those with per capita GDP lower than India in 2011, ranked in descending order of per capita GDP. In the absence of updated data, Burma (or Myanmar, as the military rulers of Burma now insist on calling it) has been placed in the same position as that in which it appears (in terms of per capita GDP) in *World Development Indicators 2011*.

these countries in terms of the growth of per capita income. The comparative picture is presented in Table 3.3.

The comparison between Bangladesh and India is a good place to start. During the last twenty years or so, India has grown much richer than Bangladesh: India's per capita income, already 60 per cent higher than Bangladesh's in 1990, was estimated to be about double that of Bangladesh by 2011. However, during the same period, Bangladesh has *overtaken* India in terms of a wide range of basic social indicators, including life expectancy, child survival, enhanced immunization rates, reduced fertility rates, and even some (not all) schooling indicators. For instance, life expectancy was more or less the same in both countries in 1990, but was estimated to be four years higher in Bangladesh than in India by 2010 (69 and 65 years respectively). Similarly, child mortality, a tragic indicator, was estimated to be about 20 per cent higher in Bangladesh than in India in 1990, but has fallen rapidly in Bangladesh to now being 25 per cent *lower* than in India by 2011. Most social indicators now look better in Bangladesh than in India, despite Bangladesh having less than half of India's per capita income.

No less intriguing is the case of Nepal, which – with all its problems of politics and governance – seems to be catching up rapidly with India, and even overtaking India in some respects. Around 1990, Nepal was far behind India in terms of almost every development indicator. Today, as Table 3.3 illustrates, social indicators for both countries are more similar (sometimes a little better in India still, sometimes the reverse), in spite of per capita income in India being about three times as high as in Nepal.[5]

Even the comparison with Pakistan, though favourable to India in general, is not comprehensively flattering. Between 1990 and 2011, real per capita income at constant prices increased by about 50 per cent in Pakistan and 170 per cent in India (see Table 3.3, first row). But the gap in social indicators (initially in favour of India in some respects, but in favour of Pakistan in others) has not been fundamentally altered in most cases. And in some respects, such as immunization rates, things seem to have improved more in Pakistan than in India.

To look at the same issue from another angle, Table 3.4 displays India's 'rank' among South Asia's six major countries respectively around 1990 and today (more precisely, in the latest year for which

Table 3.3: South Asia: Selected Indicators (1990 and latest)

		South Asia						China
		India	Bangladesh	Bhutan	Nepal	Pakistan	Sri Lanka	
GDP per capita, PPP:	1990*	1,193	741	1,678	716	1,624	2,017	1,121
(constant 2005 international $)	2011	3,203	1,569	5,162	1,106	2,424	4,929	7,418
Life expectancy at birth:	1990*	58	59	53	54	61	70	69
(years)	2011	65	69	67	69	65[f]	75[f]	73[f]
Infant mortality rate:	1990*	81	97	96	94	95	24	39
(per 1,000 live births)	2011	47	37	42	39	59	11	13
Under-5 mortality rate:	1990*	114	139	138	135	122	29	49
(per 1,000 live births)	2011	61	46	54	48	72	12	15
Maternal Mortality Ratio:	1990	600	800	1,000	770	490	85	120
(per 100,000 live births)	2010	200	240	180	170	260	35	37
Total fertility rate:	1990*	3.9	4.5	5.7	5.2	6.0	2.5	2.3
(children per woman)	2011	2.6	2.2	2.3	2.7	3.4[f]	2.3[f]	1.6[f]
Access to improved sanitation (%):	1990	18	39	n/a	10	27	70	24
	2010	34	56	44	31	48	92	64
Infant immunization (DPT) (%):	1990*	59	64	88	44	48	86	95
	2011	72	96	95	92	80	99	99
Infant immunization (measles) (%):	1990*	47	62	87	57	50	78	95
	2011	74	96	95	88	80	99	99

(Continued)

Table 3.3: (*Continued*)

		South Asia						China
		India	Bangladesh	Bhutan	Nepal	Pakistan	Sri Lanka	
Mean years of schooling, age 25+:	1990	3.0	2.9	–	2.0	2.3	6.9	4.9
	2011	4.4	4.8	2.3[e]	3.2	4.9	9.3	7.5
Female literacy rate, age 15–24 (%):	1991[a]	49	38	–	33	–	93	91
	2010[b]	74	78	68	78	61	99	99
Proportion (%) of underweight children:	1990[c]	59.5	61.5	34	–	39	29	13
	2006–10[d]	43	41	13	39	31	21	4

* Three-year average centred on the reference year (e.g. 1989–91 average when the reference year is 1990).
[a] 1990 for China; the Sri Lanka figure is an interpolation between 1981 and 2001 figures.
[b] 2006 for India, 2005 for Bhutan, 2009 for Pakistan.
[c] 1988 for Bhutan, 1991 for Pakistan, 1987 for Sri Lanka.
[d] Latest year for which data are available within this period.
[e] 2002–2012.
[f] 2010.

Sources: Mean years of schooling from *Human Development Report 2013*, online; other indicators from *World Development Indicators*, online (1 January 2013). Some of the country-specific figures for 1990 are subject to a significant margin of error; the focus is best kept on broad patterns rather than exact numbers.

Table 3.4
India's Rank in South Asia

Indicator	India's rank among six South Asian countries (Top = 1, Bottom = 6)	
	In 1990	Around 2011
1. GDP per capita	4	3
2. Life expectancy	4	5
3. Infant mortality rate	2	5
4. Under-5 mortality rate	2	5
5. Maternal mortality ratio	3	4
6. Total fertility rate	2	4
7. Access to improved sanitation	4–5[a]	5
8. Child immunization (DPT)	4	6
9. Child immunization (measles)	6	6
10. Mean years of schooling, age 25+	2–3[a]	4
11. Female literacy rate, age 15–24	2–3[a]	4
12. Proportion of underweight children	4–5[a]	6

[a] Ambiguous rank due to missing data for Bhutan (or Nepal, in the case of 'underweight children').

Source: See Table 3.3. The six countries considered here are Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka.

comparable international data are available as we write this book). As expected, in terms of the absolute level of per capita income, India's rank has improved – from fourth (after Bhutan, Pakistan and Sri Lanka) to third (after Bhutan and Sri Lanka). In terms of the rate of expansion of income per head, India is now at the top of this group (as it is of most groups of countries in the world). But in most other respects, India's rank has worsened, in fact quite sharply in many cases. Overall, only one country in South Asia (Sri Lanka) clearly had better social indicators than India in 1990, but now India looks second worst, ahead of only trouble-torn Pakistan.

The comparative perspectives in South Asia tend to be commonly overlooked in development studies, especially in India. Yet there is a great deal to learn from looking around us within South Asia. For instance, many development experts in India, increasingly keen on using the private sector for school education, would be interested to learn that in Sri Lanka, with its huge lead over India in social indicators and particularly schooling and literacy (see Table 3.3), private schools are virtually absent – and have in fact been prohibited since the 1960s. A similar remark applies to the fact that in Sri Lanka 'few people live more than 1.4 km away from the nearest health centre'.[6] Many other policies and achievements in neighbouring countries merit attention from Indian planners – and the Indian public generally. Notwithstanding its enormous size and rapid economic growth compared with its neighbours, India may have much to learn from them.

BANGLADESH'S PROGRESS AND THE ROLE OF WOMEN

Bangladesh has come a long way in the last four decades. In the first half of the 1970s, the country endured a lethal cyclone (estimated to have killed up to half a million people in 1970), a popular rebellion and a fully fledged 'war of liberation' (eventually leading to the country's independence in 1971), and a large-scale famine (in 1974, when 6 per cent of the population had to depend for their survival on the distribution of free food in *langarkhanas*, or feeding centres). Few observers at that time expected Bangladesh to make rapid social progress in the next few decades. In fact, the famine of 1974 appeared to vindicate the prophets of doom, some of whom had even dismissed Bangladesh as a 'basket case' country that should not even be assisted because it was sure to lose in the race between population and food.

Today, Bangladesh is still one of the poorest countries in the world, and large sections of its population continue to lack many of the bare essentials of good living. And yet Bangladesh has made rapid progress in some crucial aspects of living standards, particularly in the last

twenty years – overtaking India in terms of many social indicators in spite of its slower economic growth.

Some particular features of the Bangladeshi experience are of special relevance to India. Bangladesh is not a model of development by any means. In spite of much recent progress, it remains one of the most deprivation-ridden countries in the world, and many of the policy biases discussed in this book with reference to India apply to Bangladesh as well. With per capita GDP half as high in Bangladesh as in India, and public expenditure a mere 10 per cent or so of GDP in Bangladesh (again about half as much as in India), public services in Bangladesh are inevitably restrained, and whatever is already in place suffers from serious accountability problems, much as in India.[7] Democratic institutions in Bangladesh are also in some trouble, maintaining a tradition by which opposition parties do not seem to attend Parliament. And yet there are also features of astonishing achievement in Bangladesh that cannot but excite interest, curiosity and engagement.

The roots of Bangladesh's social achievements are not entirely transparent, and deserve much greater scrutiny than they have received so far.[8] However, some likely clues are immediately worth noting. Perhaps the most important clue is a pattern of sustained positive change in gender relations. As Table 3.5 shows, many gender-related indicators are now much better in Bangladesh than in India. For instance, women's participation rate in the workforce is almost twice as high in Bangladesh as in India (57 per cent and 29 per cent, respectively). This, along with greater female literacy and education, is recognized across the world as a powerful contributor to women's empowerment, and Bangladesh has made much greater use of this avenue of change than has India.[9] In the field of elementary education, Bangladesh has made remarkable strides towards gender equality, so much so that school participation rates and literacy rates of Bangladeshi girls are now *higher* than those of boys, in contrast with India where a substantial gender bias (against girls) persists. Indeed, Bangladesh is now one of the few countries in the world where the number of girls exceeds the number of boys in school. Even the share of women in Parliament, while much below one half in both countries, is higher in Bangladesh than in India.[10]

Gender-related indicators in India and Bangladesh

	India	Bangladesh
Female labour force participation rate, age 15+, 2010 (%)	29	57
Female-male ratio in the population, 2011 (females per 1,000 males)		
All ages	940	997
Age 0–6 years	914	972[a]
Ratio of female to male death rates, 2009[b]		
Age 0–1	1.01	0.89
Age 1–4	1.55	1.25
Ratio of female to male school enrolment, 2010 (%)		
Primary	100[c]	104[d]
Secondary	92	113
Literacy rate, age 15–24 years, 2010 (%)		
Female	74[e]	78
Male	88[e]	75
Proportion of adults (age 25+) with secondary education, 2010 (%)		
Women	27	31
Men	50	39
Women's share of seats in national Parliament, 2011 (%)	11	20
Total fertility rate, 2011 (children per woman)	2.6	2.2

[a] Age 0–4 years.
[b] 2007 for Bangladesh.
[c] 2008.
[d] 2009.
[e] 2006.

Sources: *World Development Indicators* (online, 1 January 2013), unless started otherwise. *Human Development Report* 2011, p. 141, for adults with secondary education. Female-male ratios in the population from Census of India 2011 (Government of India, 2011b, p. 88) and Population and Housing Census 2011 (Bangladesh Bureau of Statistics, 2011, p. 7); ratio of female to male death rates from *Sample Registration System Statistical Report 2009* and Bangladesh Demographic and Health Survey 2007 (National Institute of Population Research and Training, 2009, Table 8.3, p. 104).

To what extent women's agency and gender relations account for the fact that Bangladesh has caught up with, and even overtaken, India in many crucial fields during the last twenty years calls for further investigation. But it certainly looks like an important factor, in the light of what we know about the role of women's agency in development. For instance, the fact that both female literacy and women's participation in the workforce play an important role in the 'demographic transition' (from high to low mortality and fertility rates) is fairly well established.[11] The subjugation of women in South Asia has also been plausibly invoked in the past as a major explanation for the 'South Asian enigma' – the fact that child undernutrition rates are higher in this region than in many countries that are much poorer. It is thus entirely plausible that Bangladesh's recent progress has been significantly driven by positive changes in gender relations and by the new role of women in Bangladeshi society. Some of its achievements, in fact, build in a fairly direct and transparent way on women's agency. For instance, very large numbers of Bangladeshi women have been mobilized as front-line health workers (both by NGOs and by the government).[12] In this and in many other areas of activity involving Bangladeshi women, it looks as if the country would have been a very different place – and far less successful – but for the positive role played by its women.

No comparable change can be observed in India as a whole, and especially in its 'northern heartland'.[13] There, women's participation in the workforce has been stagnating at very low levels for decades, in sharp contrast not only with Bangladesh but also with many other Asian countries, where large numbers of women have entered remunerated employment. Similarly, India continues to have a serious problem of gender bias in childcare (reflected for instance in much higher mortality rates and lower school participation rates for girls than for boys), which has even acquired new manifestations in the recent past, such as sex-selective abortion. As will be discussed in Chapter 8, these biases against the girl child are reflected in a low female-male ratio among children: only 914 girls per 1,000 boys in India in 2011, compared with 972 in Bangladesh, suggesting much less gender discrimination in childcare there as well as a relative

absence of sex-selective abortion (see Table 3.5).* None of this detracts from the fact that Bangladesh, like India, is a traditionally male-dominated society and continues to be very patriarchal in many ways even today. But at least there are strong signs of transformational change in Bangladesh, much more so than in India as a whole.

A second pointer, particularly relevant to health achievements, is Bangladesh's apparent ability to focus on the basic determinants of health care and elementary education in ways that have not happened in India. Bangladesh's endeavours have been helped by flourishing NGO activities, from comprehensive development efforts to specialized micro-credit initiatives (led by organizations such as BRAC and Grameen Bank). There have also been sensible moves in the public sector with an eye to basic living requirements. Even though the overall size of public expenditure on health is still very low in Bangladesh, and many of the governance issues that have plagued India's health care system also seem to apply to Bangladesh, nevertheless the country has made very substantial progress with essential, low-cost measures, particularly related to public health. The point is easily seen in the information presented in Table 3.6. Taking the data in Tables 3.5 and 3.6 together, the contrast between the two countries is very sharp: elementary good-health practices such as the use of sanitation facilities, full immunization of children, and oral rehydration therapy (to treat diarrhoea) have become widely accepted social norms in Bangladesh, but are still confined to only a section of the Indian population, leaving large gaps in coverage.

The sanitation figures are worth noting. Only 56 per cent of Bangladeshi households have access, at their homes, to facilities – such as modern toilets – that meet the World Development Indicators' standards of 'improved sanitation' (with an even lower figure, 34 per cent, for India – see Table 3.3). However, a much higher proportion – more than

* There are major contrasts in gender relations, including the prevalence of sex-selective abortion, among different regions within India, and the comparison of Bangladesh's figures with the average numbers for India can be rather deceptive (some of the regional contrasts will be discussed later on in this chapter and in Chapter 8). However, for the same reason, some regions of India compare much more unfavourably with Bangladesh than the comparison between country averages indicates.

Table 3.6
India and Bangladesh: Selected Indicators of Public Health

	India (2005–6)	Bangladesh (2007)
Proportion of households practising open defecation (%)	55	8.4
Proportion of children aged 12–23 months who are fully immunized (%)	44	82
Proportion of children who started breastfeeding within 24 hours of birth (%)	55	89
Proportion of children aged 9–59 months who received Vitamin A supplements[a] (%)	18	88
Proportion of the population with sustainable access to an improved water source (%)	88	97
Proportion of diarrhoea-affected children treated with 'oral rehydration therapy' (%)	39	81

[a] Age 6–59 months for India.

Sources: Bangladesh Demographic and Health Survey 2007, for Bangladesh; National Family Health Survey 2005–6, for India. These two surveys (DHS and NFHS respectively) are very similar in terms of questionnaires and survey methods – both are variants of the worldwide DHS household surveys.

90 per cent – of households in Bangladesh do have access to some sanitation facilities, including rudimentary latrines and washing facilities, so that only 8.4 per cent have to resort to 'open defecation' (see Table 3.6). In India, a full 50 per cent of households had to practise open defecation in 2011, according to the latest population census – a higher proportion than in almost any other country for which data are available. Open defecation is not only a major health hazard, but also a source of enormous hardship, particularly for women who are often constrained to rise before dawn and have no convenient way of relieving themselves after that.[14] This hardship passes largely unnoticed, and indeed, the need for universal access to basic sanitation facilities has not been a major concern in Indian planning until very recently. Bangladesh, meanwhile, has been quietly building toilets around the country over the years,

sparing the vast majority of the population from the hardships and hazards of open defecation. Even if some of these facilities are quite rudimentary, they are at least laying foundations for adequate sanitation.[15] This is also a good illustration of the possibility of effective health initiatives even with a great shortage of public resources.

Another area of particular interest is family planning in the two countries. Bangladesh has implemented a fairly effective, non-coercive family planning programme which has led to a dramatic reduction of fertility in a relatively short time – from around 7 children per woman in the early 1970s to 4.5 in 1990 and 2.2 in 2011 (very close to the 'replacement level' of 2.1). As one commentator put it to us, family planning is now as familiar to Bangladeshi women as 'dal-bhat' (rice and lentils – the staple foods of the country). This is also reflected in survey data (e.g. from the Bangladesh Demographic and Health Survey), showing high levels of awareness of family planning matters among Bangladeshi women, and a much higher use of modern contraceptive methods than in India. Just to cite one more example, Bangladesh has also made early strides in the development and distribution of low-cost generic drugs through public or non-profit institutions.[16] It is partly by focusing on these and other 'basics' that the country has been able to improve people's health in spite of its very low per capita income.

A third pointer relates to the importance of social norms in health, education and related fields, and to the role of public communication and community mobilization in bringing about changes in social norms. Most of Bangladesh's relatively successful programmes in these fields have built in one way or another on these social factors.[17] Tens of thousands of grass-roots health and community workers (mobilized by the government as well as by NGOs) have been going from house to house and village to village for many years facilitating child immunization, explaining contraception methods, promoting improved sanitation, organizing nutrition supplementation programmes, counselling pregnant or lactating women, and much more. India, of course, has also initiated programmes of this sort, but it still has much to learn from Bangladesh, both about the required intensity of these communication and mobilization efforts, and about the need to overcome the social barriers that often stand in the way of such initiatives.

INDIA AMONG THE BRICs

While the South Asian perspective has been much neglected in India, another group of countries is commonly seen as comprising its 'peer group': Brazil, Russia, India and China (also known as the BRIC countries). These nations do have some important features in common, starting with their gigantic populations.

As Table 3.7 illustrates, however, India is actually an exception within this group, in important ways. For instance, while every country in the set has achieved universal or near-universal literacy in the younger age groups, India is still quite far from this elementary foundation of participatory development: one fifth of all Indian men in the age group of 15–24 years, and one fourth of all women in the same age group, were unable to read and write in 2006. Similarly, child immunization is almost universal in every BRIC country except India. In fact, as we saw earlier, India's immunization rates are abysmally low even in comparison with those of other South Asian countries including Bangladesh and Nepal. India also stands out dramatically in terms of the extent of undernourishment among children. This terrible problem has largely disappeared in other BRIC countries, but is still rampant in India, where more than 40 per cent of all children below the age of five are underweight, and an even higher proportion (close to 50 per cent) are stunted.

To some extent, this pattern reflects the fact that India is still much poorer than other BRIC countries: India's per capita GDP (adjusted for 'purchasing power parity') is less than half of China's, one third of Brazil's, and one fourth of Russia's. But clearly, much more needs to be done to fill these massive gaps than just 'catching up' in terms of per capita income. For instance, rapid economic growth has not achieved much on its own, during the last twenty years or so, to reduce India's horrendous levels of child undernourishment, or to enhance child immunization rates. Similarly, making a swift and decisive transition to universal literacy in the younger age groups would take more than just waiting for the growth of per capita incomes to make it easier for parents to send their children to school.

In others words, the required 'catching up' pertains not only to per

Table 3.7
Selected Indicators for 'BRIC' Countries

	India	China	Brazil	Russia
GDP per capita (PPP, 2005 constant international $), 2011	3,203	7,418	10,279	14,821
Life expectancy at birth, 2010				
Female	67	75	77	75
Male	64	72	70	63
Infant mortality rate, 2011	47	13	14	10
Under-5 mortality rate, 2011	61	15	16	12
Total fertility rate, 2010	2.6	1.6	1.8	1.5
Access to improved sanitation, 2010 (%)	34	64	79	70
Mean years of schooling, age 25+, 2011	4.4	7.5	7.2	11.7
Literacy rate, age 15–24, 2010 (%)				
Female	74[a]	99	99[c]	100
Male	88[a]	99	97[c]	100
Undernourishment among children below 5, 2006–10[b] (%)				
Underweight	43	4	2	n/a
Stunted	48	10	7	n/a
Child immunization rates, 2011 (%)				
DPT	72	99	96	97
Measles	74	99	97	98
Public expenditure on health, 2010:				
As a proportion of total health expenditure (%)	29	54	47	62
As a proportion of GDP (%)	1.2	2.7	4.2	3.2
Per capita (PPP, 2005 constant international $)	39	203	483	620
Public expenditure on education as a proportion of GDP, 2010 (%)	3.3	n/a	5.6[c]	4.1[d]

[a] 2006.
[b] Latest year for which data are available within this period.
[c] 2009.
[d] 2008.

Source: *World Development Indicators* (online, 1 January 2013). Mean years of schooling from *Human Development Report 2013* and child undernutrition from UNICEF (2012). Countries are ranked in increasing order of GDP per capita.

capita incomes but also – very importantly – to public services, social support and economic distribution. It is, in fact, worth noting that among these four countries, India is the only one that has not (at least not yet) gone through a phase of major expansion of public support or economic redistribution. China made enormous progress (especially in comparison with India) very early towards universal access to elementary education, health care and social security – much *before* embarking on market-oriented economic reforms in 1979. While there were some setbacks in some of these fields in the 1980s and 1990s, notably in the field of health care, China's growth-oriented policies during that period benefited a great deal from the solid foundations of human development that had been laid earlier, and also retained that commitment in many ways, for instance through guaranteed and equitable access to land in rural areas. Further, as discussed in Chapter 1, the undoing of socialized health care in the 1980s and 1990s, for which China paid a heavy price, was reversed again from around 2004.[18] The principle of universal health coverage has reappeared in China's health planning, and rapid progress has been made in that direction: it appears that nearly 95 per cent of the people are now covered by the revamped, publicly funded health system.

Russia, too, had put in place a comprehensive system of social protection and public services during the Communist period. As in China, the system came under heavy stress after economic reforms – of a more extreme variety – were introduced in the early 1990s. In Russia, however, the breakdown was far more serious, and compounded by an economic catastrophe (possibly the worst economic recession in modern history, lasting for the best part of a decade), not unrelated to the lethal advice of Western experts who kept predicting an imminent 'economic miracle' in a newly marketized Russia even as the economy kept sinking.[19] There was, eventually, an economic take-off of a limited sort (in the 2000s), but only after the economy and social infrastructure had been substantially ruined, or handed over to business magnates. This prolonged economic crisis was associated with an equally catastrophic deterioration of the health of the Russian population, particularly men, who now have the same sort of life expectancy as Indian men (see Table 3.7). Even then, some of the social achievements of the earlier period remained, including universal basic

education, involving schooling well beyond literacy. And as in China, there have been major efforts to rebuild public services and the social security system in Russia in recent years, with help from sustained economic growth from the turn of the century.[20]

To some extent, similar events have taken place in various parts of the former Soviet Union and Eastern Europe. It is often forgotten that, before the break-up of the Soviet Union in 1991, patterns of social spending in Western and Eastern Europe were not vastly different – most countries in both regions had a well-developed welfare state and spent a large proportion of their GDP on health, education, social security and related purposes.[21] It was after the break-up of the Soviet Union, and the economic catastrophe that followed in much of Eastern Europe, that social spending also came under enormous strain in many countries of that region (especially those with weak democratic institutions). The damage still remains partially unrepaired.

In Brazil, progressive social policies are comparatively recent, and followed a period of rapid economic growth, instead of preceding it as in China; it is perhaps interesting that the social indicators of Brazil and China look quite similar today (see Table 3.7), even though they reached a similar situation through very different routes. For a long time, Brazil combined rapid economic growth with repressive governance, massive inequality and endemic deprivation. However, as discussed in the next section, this picture has radically changed during the last twenty years, a time of ambitious and wide-ranging initiatives in the fields of health, education and social security (largely driven by the democratic upsurge that followed the end of military dictatorships), and the results have been impressive.

THE OLD AND NEW BRAZIL

Along with our analysis of the scope for 'growth-mediated' development, in an earlier book, we also discussed the pitfalls of 'unaimed opulence' – the indiscriminate pursuit of economic expansion, without paying much attention to how it is shared or how it affects people's lives.[22] At that time (in the late 1980s), Brazil was in many ways a fitting illustration of this pattern. In the 1960s and 1970s, it had one of

the fastest-growing economies in the world, but living conditions remained deplorably low for large sections of the population. Commenting on this again in the mid-1990s, in contrast with a more equitable and participatory growth pattern in South Korea, we wrote that 'India stands in some danger of going Brazil's way, rather than South Korea's'.[23] Recent experience vindicates this apprehension about the path that India might be following – there is a fair amount of unaimed opulence in India today.

Interestingly, over the last couple of decades, Brazil has substantially changed course, and adopted a more inclusive approach based on active social policies. This change has been largely driven by the flourishing of democracy that followed the promulgation of a democratic constitution in 1988, soon after the end of a long spell of military dictatorships. Notable aspects of this new orientation include a strong commitment to free and universal health care, bold programmes of social security and income support, and major efforts to expand the reach and quality of elementary education. It is, of course, the case that many significant imperfections remain, but these problems are subjects of powerful critiques and public discussions in Brazil today.[24]

Health care in Brazil

The right to health was included in the new democratic constitution, not in the non-binding mode of the 'directive principles' of the Indian constitution, but as a matter of justiciable right. In pursuance of this state obligation, Brazil created the 'Unified Health System', aimed at providing free health care to everyone without discrimination, and also launched an ambitious Family Health Programme. The system involves both public and private health care providers, but is publicly funded. It has led to a major expansion of access to health care, particularly for the underprivileged – according to the World Health Organization, 75 per cent of the population 'rely exclusively on it for their health care coverage'.[25] Today, Brazil's health indicators are reasonably good, with, for instance, universal immunization of children, an infant mortality rate of only 14 per 1,000 (compared with 47 in India), and only 2 per cent children below five being underweight (compared with a staggering 43 per cent in India).

A special feature of Brazil's new health care project is that it is rooted in strong popular movements. The Unified Health System itself